

Department of Public Health and  
Human Services (DPHHS)

## Health Insurance Portability and Accountability Act ("HIPAA") Privacy Policy

*John Chappuis, Deputy Director*

Date November 4, 2002

Revised Date:

<b>Policy Title:</b>	Privacy of Protected Health Information		
<b>Policy Number:</b>	001	<b>Version:</b>	1.0
<b>Approved By:</b>			
<b>Date Approved:</b>			

### Purpose:

This policy addresses the use and disclosure of Protected Health Information (as hereinafter defined in Section 2, "PHI") in order to provide necessary services and benefits to patients while maintaining reasonable safeguards to protect their PHI.

### Policy:

General – DPHHS will safeguard the patients' Protected Health Information.

DPHHS may collect, maintain, use, transmit, share and/or disclose PHI to the extent needed to administer DPHHS programs, services and activities;

DPHHS will safeguard all patient PHI, inform patients concerning DPHHS privacy practices and respect patient privacy rights to the full extent required under this policy; and

DPHHS shall provide training to all employees on DPHHS privacy policies and shall require every employee to sign an "Employee Confidentiality Statement" outlining their role and responsibilities relating to protecting the privacy of DPHHS patients.

Definitions: For the purposes of this policy, the following definitions apply:

Protected Health Information (PHI) - means Individually Identifiable Health Information that is transmitted electronically in any medium or maintained in any medium. PHI does not include educational records covered by the Family Educational Right and Privacy Act, 20 USC 1232, the student records held in post-secondary institutions or the records of students 18 years of age or older. PHI also does not include employment records held by a DPHHS in its role as employer.

Individually Identifiable Health Information (IIHI) - is a subset of Health Information (HI) including demographic information, collected from an individual that is created or received by a health care provider, health plan, employer, or health care clearinghouse that:

Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual;

Relates to the past present, or future payment for the provision of health care to an individual;

Identifies the individual; or

There is a reasonable basis to believe the information can be used to identify the individual.

Health Information - any information, whether oral or recorded in any form or medium, that is created by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse that:

Relates to the past, present, or future physical or mental health or condition of health care to an individual; or

Relates to the past, present, or future payment for the provision of health care to an individual.

Procedure:

All current employees will be trained on HIPPA compliance prior to April 13, 2003 and yearly thereafter.

2. New employees will be trained on HIPPA compliance during new employee orientation.

3. Each employee will sign an Employee Confidentiality Statement.

A. If an employee works for a contracted service within our facility, those employees will also be required to sign a Confidentiality Statement. (Example: maintenance workers, food service workers)

4. Information regarding a patient at MCDC will NEVER be given either verbally or in written matter without a signed release of information form in place.

5. If ever in doubt of specific information to be released, or if the release form is appropriate have either the Health Information Supervisor or the MCDC Administrator review the form prior to releasing any information.

Procedure added 2/28/03 MKH